



1. Activate the MHP.

- Assign one staff member to be a clinical contact with TM, record the name of the TM contact.

2. Clinical team calls Transfusion Medicine (TM) and provide:

- **Patient's name/alias, pMRN, age, weight, gender & location**
- **Indication**
- Name of **most responsible health practitioner MRHP**
- **Name and phone number of the clinical contact.**

3. Arrange for porter or designate to go to the TM lab with a completed **downtime pick-up slip** (or equivalent) for pick up and deliver MHP kit as applicable per site process.

- **Ensure IV access**
- Keep core **body temp greater than 36°C**
- MHP kit stays with patient if transferred (if not past the return time)
- Do NOT combine or add other blood components to a kit
- Notify TM Lab if:
 - Patient **location changes**
 - When MHP **stopped**
- **Return unused** blood components and products ASAP

| MHP Kit Delivery Sequence | | | |
|----------------------------------|--|--|---|
| | Patient weight 10 kg or less | Patient weight 10.1 – 25 kg | Patient weight Greater than 25 kg |
| Kit #1 | <ul style="list-style-type: none"> • RBC: 2 units • Plasma: 2 units* • Fibrinogen concentrate: 1g • Platelets: Per TM MD** | <ul style="list-style-type: none"> • RBC: 2 units • Plasma: 2 units* • Fibrinogen concentrate: 2g • Platelets: Per TM MD** | <ul style="list-style-type: none"> • RBC: 4 units • Plasma: 2 - 4 units (2 x low titre A or AB plasma if unmatched)* • Fibrinogen concentrate: 4g*** • Platelets: Per TM MD** |
| Kit #2 | <ul style="list-style-type: none"> • RBC: 2 units • Plasma: 2 units • Fibrinogen concentrate: Per TM MD • Platelets: 1 unit | <ul style="list-style-type: none"> • RBC: 2 units • Plasma: 2 units • Fibrinogen concentrate: Per TM MD • Platelets: 1 unit | <ul style="list-style-type: none"> • RBC: 4 units • Plasma: 2 - 4 units (2 x low titre A or AB plasma if unmatched) • Fibrinogen concentrate: Per TM MD *** • Platelets: 1 unit |
| Kit #3+ (per TM MD) | <ul style="list-style-type: none"> • RBC: 2 units • Plasma: 2 units • Fibrinogen concentrate: Per TM MD • Platelets: Per TM MD | <ul style="list-style-type: none"> • RBC: 2 units • Plasma: 2 units • Fibrinogen concentrate: Per TM MD • Platelets: Per TM MD | <ul style="list-style-type: none"> • RBC: 4 units • Plasma: 2 - 4 units (2 x low titre A or AB plasma if unmatched) • Fibrinogen concentrate: Per TM MD • Platelets: Per TM MD |

Note: All kit contents can be modified at the discretion of the TM physician.

* Plasma may be issued separately as soon as available, if it cannot be provided within the kit.

** Cardiovascular and Vascular MHP activations receive platelets in Kit #1 instead of Kit #2.

***Obstetrical MHP activations should receive 4g Fibrinogen concentrate in Kit #1 and #2.



| Product | Approximate Volume | Administration |
|-----------------|--------------------|---|
| Red Blood Cells | 300 mL | <ul style="list-style-type: none"> Administer through blood tubing or high flow tubing for pressure infuser Ensure pressure infuser DOES NOT exceed 300 mmHg Can transfuse via blood warmer |
| Plasma | 100- 280 mL | |
| Platelets | 180-270 mL | |
| Fibrinogen | 1g/vial | <ul style="list-style-type: none"> Separate line infusion over 20mL/min |

Refer to the [Blood Components and Products Information/Monographs](#) on the [AHS Transfusion Medicine website](#).

4. **Collect and send blood work STAT** throughout MHP duration. Refer to Connect Care MHP resources. ABG and other POCT testing (e.g. ROTEM, TEG) per MRHP.

| Test | Comments | Frequency |
|--|-----------------------------|--|
| <ul style="list-style-type: none"> Type and Screen | Must use TSIN form | If needed |
| <ul style="list-style-type: none"> MHP Hemoglobin MHP Platelet | Only one tube needed | At activation & then q30 min |
| <ul style="list-style-type: none"> MHP PT (INR) MHP Fibrinogen | One full tube needed | |
| <ul style="list-style-type: none"> Electrolytes | | At activation and q1h |
| <ul style="list-style-type: none"> Creatinine | | Once at activation |
| <ul style="list-style-type: none"> Lactate Calcium | Not required if part of ABG | Once (as needed) |

5. **Communicate:**

- Notify TM Lab and the porter or designate (if applicable) if the patient **location** changes.
- MRHP or designate to contact TM physician if Kit #2 is needed, or modifications to any Kit contents.

6. **Terminate:**

- Notify TM lab to terminate MHP if no longer required.
- Return unused blood components and products to the TM lab ASAP. (Fibrinogen concentrate can be returned to the TM lab as long as it has not been reconstituted).

7. **Feedback:** Provide feedback.

Notes for blood components and products:

- Keep unused blood components in their original kit. DO NOT combine or add other blood components to a kit.
- When MHP is terminated or if patient is transported **.Complete the appropriate section on *For Clinical Use Only Transport Container Slip***. Return kit to the TM lab by the indicated date and time.

| For Clinical Use Only | |
|---|---------|
| Were units removed from kit but not transfused? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If Yes, were units immediately put back in kit? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If No, how long were units out? _____ | |
| Returned to kit by: _____ (name) | |
| Complete below if kit is transported with patient | |
| From PCU: | To PCU: |
| # RBC units: | |
| # Plasma units: | |
| # Platelet units: | |

Contact Information:

For questions or comments, please contact Transfusion.SafetyTeam@aplabs.ca or refer to <http://www.ahs.ca/labtransfusion>.